

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          | 5-9    | 1091     |
| <b>FORMALITY REVIEW</b>          | SK       | 835    | 02/15/01 |
| <b>RESPONSE FORMALITY REVIEW</b> | M. H     | 645    | 09-26-01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 -+ ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     |       |          |      |
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| 26    |       |          |      |
| 27    | ✓     | ✓        |      |
| 28    | 0     | 0        |      |
| 29    | 0     | 0        |      |
| 30    | ✓     | ✓        |      |
| 31    |       |          |      |
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| 37    |       |          |      |
| 38    |       | ✓        |      |
| 39    |       | ✓        |      |
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| 43    |       |          |      |
| 44    |       | ✓        |      |
| 45    |       | ✓        |      |
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| 49    | ✓     | ✓        |      |
| 50    | ✓     | ✓        |      |

| Claim | Final | Original | Date |
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| 51    | ✓     | ✓        |      |
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| 59    |       |          |      |
| 60    |       | ✓        |      |
| 61    | ✓     | ✓        |      |
| 62    | 0     | —        |      |
| 63    | ✓     | ✓        |      |
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| 70    | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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| 150   |       |          |      |

If more than 150 claims or 10 actions  
staple additional sheet here

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8/26/01